

## Chapter 18 OTHER SERVICES & RESOURCES

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### 18.1.0 Emergency Payments

W-2 agencies must determine eligibility for an emergency payment for a participant who has needs and is awaiting a first W-2 payment. For CSJ placements, Custodial Parent of an Infant placements, and W-2 T placements, participants are eligible in the period prior to their first W-2 payment (\$673 or \$628). Trial Job participants are eligible in the period prior to their first paycheck from the Trial Job employer.

Emergency payments do not tick the clock because they qualify as nonrecurrent, short-term benefits under the TANF definition of assistance. Emergency payments are one-time payments designed to meet an emergency need at the outset of a W-2 case, and they are not an additional CSJ or W-2 T benefit.

Emergency payments may be used to pay for needs such as shelter, food and work-related expenses, etc. They should be used in conjunction with other supports available to participants including Job Access Loans, Emergency Assistance, WtW, Community Reinvestment and referrals to the Children's Services Network (food pantries, etc.)

There is no limit on the emergency payment amount; each W-2 agency may choose to establish a range of payments (e.g., between \$25 and \$750). The W-2 agency may also choose to limit the payment to no more than once every 12 months. Participants who receive emergency payments are not required to repay the payments.

Emergency payments are not tracked through the CARES system, though workers may want to note in the case comments if a participant has received this payment.

### 18.2.0 FOOD STAMP PROGRAM

Individuals and families may be eligible for assistance with food costs through the Food Stamp (FS) program. Food Stamp households receiving TANF funded services may be categorically eligible for food stamps. These services include, but are not limited to, W-2 payment positions, W-2 case management services only, Job Access Loans and child care subsidies. The goal of the FS program is to make it easier for persons to have a healthy, adequate diet. Food Stamps can be used to pay for food, including plants and seeds for home gardens. For regular households, the FS benefit amount is based on household size and income (gross income limit of 130 percent of the federal poverty level (FPL)) and a \$2,000 asset limit. For households including members who are elderly and disabled, the FS amount is based on the gross income limit of 165 percent (of FPL) and a \$3,000 asset limit. Individuals may be eligible for FS benefits without applying for W-2 payments; however, all FSET non-exempt individuals who are not participants in a W-2 employment position must be referred to the Food Stamp Employment and Training (FSET) program for participation as a condition of receiving FS benefits. (See [Food Stamp Handbook](#), Appendix 8.0.0)

#### 18.2.1 FS Budgeting

A full W-2 payment will be budgeted for FS computations, even though a payment reduction may be applied. Income is budgeted prospectively. Earned income

## Chapter 18 OTHER SERVICES & RESOURCES

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budgeted for FS will be calculated based on the best estimate of (hourly rate)(hours/week)(4.3 weeks/month), as with W-2 and Medical Assistance. Unearned income will be budgeted based on the best estimate of (amount)x(4.3 weeks/month) if received on a weekly basis.

FS reviews are held on a three month review cycle. In most cases, reviews must be held face-to-face; however, under certain circumstances, reviews may alternate between face-to-face and phone/mail reviews. (See Ops Memo 98-04 for further details). Once a best estimate for earned or unearned income is determined, a FS participant must report a change if it meets any of the following criteria:

1. A change in the source of earned income;
2. A change in salary or wage rate;
3. A change in full- or part-time employment status; or
4. A change of more than \$25 in unearned income.

The FEP must redetermine the best estimate for all income at each review, or when any change in the income's source, rate of pay, or payment schedule has been reported.

**Example:** Mary receives a small amount of money from a trust fund each month. The amount Mary receives from the trust fund increased by \$10 per month. Although Mary is not required to report this change because it is less than \$25, she calls her FEP and reports it anyway. The FEP must redetermine the best estimate for Mary's unearned income because she reported it.

See the Food Stamp Manual for further food stamp policy direction.

### 18.3.0 LOW INCOME HOME ENERGY ASSISTANCE (LIHEAP)

Households may receive regular and/or crisis assistance payments through the Low Income Home Energy Assistance (LIHEAP) Program to help offset the cost of home heating. The regular heating assistance program operates during the heating season (October 1 through May 15). The crisis assistance component of LIHEAP operates year round. LIHEAP payments may be made directly to the fuel supplier/vendor or applicant household. Eligibility for LIHEAP is dependent upon the household meeting both financial and nonfinancial criteria.

### 18.4.0 LOW INCOME WEATHERIZATION PROGRAM

Low-Income Weatherization Programs provide services to improve homes to reduce energy consumption. Services include the installation of insulation, caulking, storm windows or modification to the heating system.

Chapter 18 OTHER SERVICES & RESOURCES

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**18.5.0 MEDICAID**

Medical Assistance (MA), or “Medicaid” eligibility remains an entitlement. This means that Medicaid must be offered to anyone who enters the W-2 Agency or the County (or tribal) Department of Social/Human Services. If a family or individual is determined eligible, Medicaid coverage will continue until they no longer qualify.

In the federal welfare reform legislation of 1996, the federal government broke apart the connection between AFDC eligibility and Medicaid. However, individuals and families who meet AFDC eligibility requirements that were in place on July 16, 1996, will be eligible for Medicaid.

Medicaid rules are different from those that apply to W-2. Medicaid does not incorporate any of the following W-2 requirements:

1. A work or work training program requirement.
2. Sanctions for individuals for failure to participate in a work program.
3. A 60 day Wisconsin residency requirement.
4. A requirement that teens must live with a parent or other qualifying relative.
5. Time-limited eligibility.

Medicaid eligibility continues for low-income children, pregnant women and families that are eligible even if they choose not to participate in W-2. W-2 participants will qualify for Medicaid only if they meet Medicaid criteria, including (but not limited to) the July 16, 1996 AFDC rules.

The Healthy Start (HS) Medicaid program continues to exist. Pregnant women and children under the age of 6 will still qualify at 185% of the federal poverty level (FPL). Children over the age of 6, born after September 30, 1983, qualify at 100% of the federal poverty level.

Eligible Medicaid families, including W-2 participants and Healthy Start recipients are enrolled in HMOs, unless they meet criteria for exemption, or there is not a choice of HMOs in their area.

See the Medicaid Handbook for further Medicaid policy direction.

**18.6.0 TRANSPORTATION ASSISTANCE**

It is the responsibility of the W-2 agency to work with the Community Steering Committee and the Children’s Services Network to ensure expanded transportation options for W-2 applicants and participants. The W-2 agency may provide transportation for W-2 applicants and participants.

**18.6.1 Eligibility for Transportation Services**

## Chapter 18 OTHER SERVICES & RESOURCES

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W-2 applicants are eligible for transportation assistance only if the transportation is necessary for up-front job search activities required by the Resource Specialist or FEP. Participants in any W-2 component (Unsubsidized Employment, Trial Job, Community Service Job, W-2 Transitions) are eligible for transportation assistance.

If the W-2 agency wishes to provide transportation assistance using Temporary Assistance for Needy Families (TANF) funds to other persons receiving assistance, but who are not in a W-2 component (e.g. persons receiving assistance through the Employment Skills Advancement Program, Job Access Loan, etc.), the FEP must place the person in a case management position to authorize transportation assistance.

### **18.6.2 Transportation Assistance Ticking the 60-Month Clock**

According to federal TANF regulations, a participant who receives assistance is subject to all TANF requirements pertaining to the 60-month lifetime limit and other nonfinancial specifications such as cooperation with child support.

TANF “assistance” includes cash, payments, vouchers, and other forms of benefits designed to meet a family’s ongoing needs (food, clothing, shelter, utilities, household goods, personal care items and general incidental expenses).

The definition excludes:

1. Nonrecurrent, short term benefits that are designed to deal with a specific crisis situation or episode of need (not intended to meet ongoing needs) and that won’t extend beyond four months.
2. Work subsidies,
3. Supportive services such as child care and transportation when provided to a family with at least one eligible adult who is engaged in unsubsidized employment for at least one hour per week or engaged in job search/readiness activities requiring child care or transportation for no longer than four months,

(NOTE: Child care in Wisconsin, provided under any circumstances through the Child Care program, will not meet the definition of “assistance”).

4. Refundable earned income tax credits,
5. Individual Development Accounts,
6. Services such as counseling, case management, other job retention and advancement services that do not provide basic income support.

Families of W-2 participants placed on the Unsubsidized Employment rung of the W-2 ladder will not have their 60-month clock ticked for transportation if they are employed for at least one hour per month or engaged in job search/readiness activities requiring child care or transportation for not longer than four months. Therefore, if and when the 60-month clock will tick for families of participants on the Unsubsidized Employment rung, the FEP must advise the family of this potential impact and weigh the cost of

## Chapter 18 OTHER SERVICES & RESOURCES

---

using months of lifetime eligibility against the benefit of the service before assistance is given. Families of W-2 participants in Trial Job, CSJ or W-2 T will not have their 60-month clock ticked for transportation because the clock is ticking for participant's participation in a W-2 subsidized employment position.

If W-2 funds are used for capacity building or facilitating group transportation solutions, recipients of assistance of this type do not meet the definition of assistance. For example, someone who rides a TANF funded expanded bus route is not receiving assistance because the service does not have a direct monetary value to the individual family.

### **18.6.3 Transportation Services**

The nature and scope of the W-2 transportation-related services provided will vary from agency to agency depending upon the extent to which transportation barriers exist in the county, the availability of public transit services in the area, job locations, other transportation needs of the applicants and participants, such as transportation to and from child care, etc.

The W-2 agency must:

1. Identify existing public transit bus systems, municipally sponsored shared-ride taxi systems, reverse commute services, commuter bus service, accessible transportation options for the disabled (i.e., handivans, medivan, metro+, etc.), express services, specialized, demand responsive service capacity, etc.; If public transit services that meet the needs of families are available, these services must be used.

2. Identify specific transportation needs of the W-2 participants;

W-2 and W-2 funded programs are not entitlement programs. Transportation assistance should only be provided to eligible individuals/families who need assistance getting to and from work, child care and school.

3. Develop a package of transportation-related options which address these needs;
4. Organize, provide for, or facilitate the provision of easy access to transportation, either on a case-by-case basis or agency wide;
5. Limit financial assistance to assistance for public transportation when a form of public transportation that meets the needs of the participant is available;
6. Organize, provide and facilitate transportation assistance which does not have the effect of creating a new transit service infrastructure, duplicative services or unnecessarily redundant service where existing public transportation arrangements are adequate;
7. Provide timely and accurate reimbursement for transportation costs; and
8. Work with the Community Steering Committee and the Children's Services Network to identify existing transportation resources, and/or potential resources outside of W-2. W-2 agencies which have identified transportation as a "serious",

## Chapter 18 OTHER SERVICES & RESOURCES

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critical or substantial barrier should appoint a transportation subcommittee of the Community Steering Committee to identify county-wide transportation concerns, identify the existing resources base, and to recommend local actions to take to fill the “gap” between existing services and emerging needs.

Below is a list of transportation actions and transportation alternatives which could be taken by W-2 agencies to meet these requirements.

1. Invite the local transit manager, city transit coordinator or County Social Services Transportation Planner/Coordinator (specialized transportation for the Elderly and Disabled) to sit on the CSC.
2. Create a transportation kiosk at the Job Center or W-2 agency site.
3. Make arrangements with existing van pools.
4. Set up volunteer driver programs.
5. Seek out loan programs with local banks for automobile purchases.
6. Use Job Access Loan (See Section II - Chapter 12)
7. Encourage employer-based transportation programs, such as van pools, car pools, ride-sharing, use of the state van loan purchase program, employer subscription services through the public transit system, guaranteed ride home programs, and others.
8. Use existing Specialized Services for the Elderly and Disabled on a “space available” basis.
9. Purchase group trips from existing private transportation providers.
10. Invite the local transit system manager or transportation official to participate in all Job Fairs and related activities.

This list is not all inclusive. W-2 agencies should work together and with existing transportation officials at the local and regional levels to share ideas on transportation options and services.

### 18.7.0

#### KINSHIP CARE

Kinship Care is a program that provides cash payment to caretaker relatives (grandparents, aunts, uncles, etc.) who are providing care and maintenance for a person under age 18 or a person age 18 years of age or over, but under age 19 years of age, who is a full time student in good academic standing at a secondary school or its vocational or technical equivalent and is reasonable expected to complete his or her program of study and be granted a high school diploma or GED. With the exception of Milwaukee County, Kinship Care is administered by local county or tribal departments of social/human services child welfare agencies. In Milwaukee County, Kinship Care is administered by the Wisconsin Department of Health and Family Services, Bureau of Milwaukee County Child Welfare. W-2 agencies should refer

## Chapter 18 OTHER SERVICES & RESOURCES

---

adult caretaker relatives to the appropriate child welfare agency to apply for Kinship Care. The Kinship Care program replaces the former AFDC grant that provided benefits to these non-legally responsible relatives (NLRR).

The program provides payments of \$215 per month per child to caretaker relatives when all of the following requirements are met:

1. There is a need for the child to be placed with the relative and the placement is in the best interest of the child;
2. The child welfare agency determines that the child meets one or more of the criteria specified in s. 48.13, Stats., or s. 938.13, Stats., or that the child would be in jeopardy of meeting more of those criteria if the child were to remain in the home;
3. The caretaker relative, any other adult resident of the relative's home, and any employees or prospective employees of the relative who might have regular contact with the child pass a criminal background check by the child welfare agency;
4. The Kinship Care relative states that neither he nor she, his nor her employees nor prospective employees, or other adult residents of the relative's home have any arrests or convictions that could adversely affect the child or the Kinship Care relative's ability to care for the child; and
5. The Kinship Care relative cooperates with the child welfare agency in the application process, including applying for other forms of assistance, including child support, for which the Kinship Care child may be eligible;

Once the Kinship Care relative is found eligible, the child welfare agency must send a referral to the county child support agency for child support services.

Eligibility for MA is determined by the county or tribal social/human services agency, not the child welfare agency. In many cases, this will also be the W-2 agency.

### 18.8.0

#### **SSI CARETAKER SUPPLEMENT**

Wisconsin Works (W-2) provides that an individual who is a recipient of Supplemental Security Income (SSI) is not eligible for participation in a W-2 employment position. Recipients of SSI have been determined permanently disabled, incapable of supporting themselves through employment, and therefore not appropriate for placement in a time-limited employment program.

To help with the support of SSI recipients' dependent children, a monthly SSI Caretaker Supplement (C-Supp) payment is issued for each eligible child. The payment amount is \$250 for one eligible child and \$150 for each subsequent eligible child in the household. To be eligible, a child must meet all of the following criteria:

1. The child's sole custodial parent receives SSI or the child lives with both custodial parents and both receive SSI.

## Chapter 18 OTHER SERVICES & RESOURCES

---

2. The child does not receive SSI benefits.
3. The child continues to reside with the SSI parent(s) in Wisconsin.
4. The child is less than 18 years of age, or is age 18, still in high school or working toward a GED, and is expected to graduate by age 19.
5. The child meets financial and nonfinancial eligibility criteria for AFDC as determined by:
  - The child having received an AFDC benefit in the month of November or December 1997. (Children meeting this test are referred to as “grandfathered.”)
  - The child currently receiving AFDC-Medicaid (MA-R in CARES).

The SSI Caretaker Supplement program is administered by the Department of Health and Family Services. The SSI recipient does not have to make a separate application for the C-Supp payment. When an SSI recipient requests C-Supp payments and/or Medicaid for the children, the worker must explain to the individual that the determination for C-Supp payments is automatically processed at the same time as the request for Medicaid for the children. Children who already receive Medicaid when the parent is approved for SSI will begin the C-Supp eligibility determination when the SSI is reported to the worker. Tribal or county social/human services workers who take Medicaid applications are responsible for providing general C-Supp policy information to the SSI recipient. However, these workers should not give the SSI recipient verbal or written approval for the C-Supp benefit.

### **18.8.1 Eligibility for C-Supp and W-2**

There are mixed family households where some children in the home will be eligible for the C-Supp payment and an adult in the household is participating in W-2. This will occur if an SSI recipient is the sole custodial parent of at least one child in the home and the SSI recipient and a non-SSI adult are both custodial parents of another child in the home. In this example, the child for whom the SSI recipient is the sole custodial parent is eligible for the C-Supp payments and the non-SSI adult could be participating in W-2. Both W-2 agency staff and tribal and county social/human services staff need to be aware of these cases for income budgeting purposes.

Additionally, if the children in this example are receiving Medicaid through the W-2 agency, the W-2 agency staff may need to explain C-Supp policy for the benefit of the SSI recipient and the child.

### **18.8.2 How C-Supp Income Affects Other Programs**

The monthly C-Supp benefit must be treated as unearned income received by the SSI recipient for the purpose of budgeting income for Medicaid, W-2, child care and food stamps. Treat retroactive C-Supp payments as a lump sum payment and follow individual program policies for budgeting of lump sum payments.



Chapter 18 OTHER SERVICES & RESOURCES

---

**18.9.0 SUPPLEMENTAL SECURITY INCOME (SSI)**

At any point in the W-2 application process, or anytime after a participant has been placed in a W-2 employment position, a FEP may recommend or require that the applicant/participant apply for SSI as a condition of initial or ongoing W-2 eligibility. An applicant or participant may also apply independently for SSI.

**18.9.1 SSI Application and Appeals**

Most W-2 participants who apply for SSI do so on the basis of a claim that a long-term disability prevents them from working. When a W-2 participant applies for SSI, the Wisconsin Department of Health and Family Services (DHFS) Disability Determination Bureau (DDB) collects information about that participant's medical and work history and applies federal Social Security Administration (SSA) criteria to determine whether the claimed disability qualifies that participant for SSI payments. The application process includes provisions for an SSI applicant to appeal an SSI eligibility decision.

Because the SSI application (and related appeals) process can be long and complex, it can be challenging for W-2 participants to pursue. The W-2 agency is responsible for assisting W-2 participants with the SSI application process to the extent needed by each participant, either directly (through a FEP) or through referral to an SSI advocate. A W-2 participant may also designate the FEP as his/her Authorized Representative, giving the FEP permission to communicate with SSA, provide supportive documentation to the SSA, or testify on behalf of the participant at an appeal hearing.

SSI application and appeal activities (such as interviews with SSA representatives, medical appointments, etc.) may be assigned to W-2 participants as W-2 work activities.

**18.9.1.1 SSI Advocate**

An SSI advocate provides specific services to facilitate the approval of a W-2 participant's application for SSI or appeal of an SSA decision. The roles and responsibilities of the SSI advocate are the same whether a W-2 agency provides for SSI advocacy through its own in-house staff or through contract with an outside resource. A W-2 participant may receive SSI advocacy services at any point in the SSI application process (initial application, reconsideration, or appeal).

In general, a qualified SSI advocate must have the program background and knowledge necessary to successfully assist W-2 participants to navigate the SSI application process. In particular, an SSI advocate should have the following background and knowledge:

1. Experience working with the W-2 population or in an advocacy role;
2. General knowledge of W-2 policy and procedures;
3. Knowledge of the SSI/SSDI application processes.

Chapter 18 OTHER SERVICES & RESOURCES

---

4. Legal or medical background or experience in the field of disabilities.

An agency can contact the local SSA office to receive SSI training. SSA's training provides a comprehensive overview of the SSI programs and processes and is normally free to agencies. Some local legal action organizations and private legal organizations provide SSI advocacy training.

#### **18.9.1.2 Services Provided by an SSI Advocate**

Services outlined below may be provided during all phases of the SSI process or may be provided at a specific phase of the process.

##### *18.9.1.2.1 Overall Services*

1. Review medical documentation.
2. Coordinate with the FEP or an appropriate service provider to schedule additional evaluations that may support the disability claim.
3. Communicate information to and facilitate contacts among involved parties.
4. Attend meetings, hearings, and appointments with the participant as needed or requested.
5. Present the facts in a participant's case that favor a decision of disability.
6. Assist in supplying initial and subsequent documents including non-medical documentation.
7. Assure all pertinent documentation is available to the DDB.
8. Maintain regular contact throughout the process with SSA, DDB and the W-2 participant.
9. Assist the participant in complying with the SSI claim requirements.
10. Act as a liaison among SSA, DDB and medical professionals.
11. Coordinate with the W-2 agency and the FEP to establish a referral process and an ongoing communication network, to include SSI related activities on the Employability Plan and to provide supportive services such as transportation and childcare for SSI related activities.

##### *18.9.1.2.2 Services Offered At Initial Application*

1. Assist participant to complete required forms.
2. Explain the participant's responsibilities in reporting required information.
3. Discuss time frames on application.

## Chapter 18 OTHER SERVICES & RESOURCES

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### 18.9.1.2.3 *Services Offered At The Request For Reconsideration*

1. Assist participant in filing reconsideration request within 60 days of receipt of the initial application denial notice.
2. Determine need for additional supporting documents based on initial denial reason(s) and assist in the collection of the additional documentation.

### 18.9.1.2.4 *Services Offered At A Hearing With SSA Office Of Hearing And Appeals*

1. Assist participant in filing hearing request within 60 days of receipt of the reconsideration denial notice.
2. Organize appearance of witnesses who can support the disability claim.
3. Represent participant at hearing or coordinate representation with legal advocacy groups.

SSI application and appeal activities (interviews with SSA representatives, doctor's appointments, etc.) may be assigned to W-2 participants as employment activities. A W-2 participant may also designate the FEP as his/her Authorized Representative, which gives the FEP permission to communicate with SSA, provide supportive assessment or medical documentation to SSA or by testifying at an appeal hearing on behalf of the participant.

## 18.9.2 **Effects Of W-2 Income On SSI Eligibility**

In the past, under the State-Only W-2 payment policy, W-2 payments had to be fully funded by state funds so that the W-2 payment would be excluded from the SSI income test. To ensure that SSA did not count the W-2 payment in the SSI eligibility determination, a mechanism was created for issuing State-Only W-2 payments to participants who are referred for an SSI application or have an SSI application pending. The State-Only W-2 payments are initiated and terminated through manual entry of information in CARES by the FEP.

In October 2000, SSA revised their SSI policy on treatment of W-2 income. Therefore, W-2 participants who have SSI applications that were filed before October 1, 2000 and are pending a decision must continue to receive State-Only W-2 payments. Effective May 1, 2001, those W-2 participants who have filed an SSI application on or after October 1, 2000, must have their W-2 payments changed back to regular federally-funded W-2.

## 18.9.3 **SSI Applications Filed Prior to October 1, 2000**

For SSI applications filed prior to October 1, 2000, SSA will continue to consider the full federally funded W-2 benefit as income available to the W-2 participant (the individual placed in W-2 T, CSJ, or CMC).

Chapter 18 OTHER SERVICES & RESOURCES

---

As a result, the State-Only W-2 payment policy will continue for all W-2 participants with SSI applications filed prior to October 1, 2000, where a final decision is still pending from SSA. "Pending" means that the SSI application may currently be pending an initial decision on SSI eligibility or the application may be in appeal status. The State-Only W-2 payments will continue on these cases until 1 of the following occurs:

1. A final decision has been made by SSA on the SSI application and if an appeal has been filed, a decision has been made on the appeal.
2. The W-2 case closes.

Continuing to pay State-Only W-2 payments to those W-2 participants with SSI applications filed before October 1, 2000 that are pending with SSA will ensure that the W-2 payment will not be a barrier to SSI eligibility.

**18.9.4**

**SSI Applications Filed On or After October 1, 2000**

For SSI applications filed on or after October 1, 2000, SSA no longer considers the entire W-2 benefit as income available to the W-2 participant. Instead, SSA now divides the amount of the W-2 benefit by the number of individuals in the W-2 group and uses the resulting dollar amount to determine the SSI applicant's share of the benefit. That amount is used to determine SSI eligibility as well as the amount of the monthly SSI payment. This new SSA policy applies whether the SSI applicant is the W-2 participant or another W-2 group member.

1. If the SSI applicant is also the W-2 participant, SSA will use a portion of W-2 benefits to determine SSI eligibility and the monthly SSI benefit amount will be reduced until the participant is no longer receiving W-2 benefits. Generally the SSI applicant will be eligible for monthly SSI benefits back to the month of application.

Chapter 18 OTHER SERVICES & RESOURCES

---

**Example:** A participant with two children receives a monthly W-2 Transitions (W-2 T) payment of \$628. The FEP assists the participant in submitting an SSI application on November 1, 2000 while her participation in W-2 T continues. The participant is notified that she is eligible for SSI and receives her first SSI check in June, 2001. The FEP ends her W-2 T placement on June 15, 2001 and the participant receives her last W-2 payment on July 1, 2001 for \$628. SSA made a determination that the participant was eligible to receive SSI benefits back to the month of her application in November 2000. In each month the W-2 payment was received (November 2000 through July 2000) one-third of the payment ( $\$628 \div 3 = \$209.33$ ) will be budgeted against the SSI benefit resulting in a partial SSI payment for each of those months. The SSI recipient will receive the retroactive SSI benefits in a lump sum payment sometime after her approval of eligibility.

2. If the SSI applicant is a child or a second parent in the W-2 group, SSA will use a portion of the W-2 benefits to determine SSI eligibility and the monthly SSI benefit amount will be reduced during each month the family is receiving W-2 benefits.

**Example:** A W-2 participant has 1 child with severe cognitive limitations. An application for SSI is submitted for the child in January 2001, while the parent is a participant in a W-2 Community Service Job receiving \$673 per month. In July 2001, SSA determines that the child is eligible for SSI benefits back to the month of application. In each month that the family receives a W-2 payment, half the payment ( $\$673 \div 2 = \$336.50$ ) will be budgeted in the SSI income test resulting in a reduced SSI payment for the child.

The process of applying for SSI normally requires an appointment and furnishing medical information to the SSA. It is appropriate for FEPs to provide additional guidance to W-2 participants with mental health or cognitive disabilities during the SSI application process. SSI application activities (interviews with SSA representatives, doctor's appointments, etc.) may be assigned to W-2 participants as their employment activity. The W-2 Case Management Resource Guide may be used as a tool to assist in determining who is an appropriate SSI referral and the types of W-2 activities that may be suitable during the SSI application process.

An individual who is denied SSI may appeal that decision. When this occurs, the SSI application should be considered still in pending status and State-Only W-2 payments continued until the SSA makes a decision on the appeal.

### 18.9.5

#### New SSI Referral Form

Some agencies have a referral process in place for SSI applicants. The "Supplemental Security Income (SSI) Referral" (DES-10892) form has been developed to be used by local agencies to refer a W-2 participant to the SSI program. The form notifies SSA of the individual's eligibility for the State-Only W-2 Payment. SSA has requested that this form be used uniformly statewide. Agencies may photocopy the form for immediate use until the actual forms are available.

Chapter 18 OTHER SERVICES & RESOURCES

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**18.9.6 Verification Of SSI Status**

The FEP must verify the disposition of the SSI application and take the appropriate action when SSI eligibility is approved or denied.

Although SSA agencies may, as a courtesy, return the SSI Referral form upon completion of the SSI disposition, verification of the status of SSI claims can be viewed on CARES screen DXSX.

**18.10.0 BURIAL REIMBURSEMENT PROGRAM**

The Department of Workforce Development will provide reimbursement for the cemetery and funeral expenses of a W-2 participant as long as burial benefits are requested within 12 months of the participant's date of death. For more information on burial reimbursement benefits, see the Income Maintenance Manual, Chapter VIII, Part A.

**18.11.0 COMMUNITY REINVESTMENT (CR)**

Under provisions in the Wisconsin Works Implementation Contract, agencies have been allowed access to unspent contract funding to spend on Community Reinvestment (CR) activities. Agencies are required to submit a plan to the Department of Workforce Development (DWD) outlining how they intend to spend these CR funds. CR plans should be innovative, yet must also be consistent with the requirements, purposes and allowable activities of the Temporary Assistance for Needy Families (TANF) block grant.

CR activities and services can supplement those provided under W-2 or help to fill in service gaps for the community, particularly those services which assist individuals making the transition to full time employment. Agencies are required to focus on services that strengthen attachment to the workforce, increase participants' skills and education levels, provide parenting and life skills training, and broaden the availability and extent of supportive services such as child care or transportation.

See Appendix VI: Community Reinvestment (CR) Guide for more information.